

Interim recommendations for postexposure prophylaxis for prevention of inhalational anthrax after intentional exposure to *Bacillus anthracis*

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Category	Initial Therapy	Duration
Adults (including pregnant females and immunocompromised persons)	Ciprofloxacin 500mg po BID or Doxycycline 100 mg po BID	60 days 60 days
Children	Ciprofloxacin 10-15 mg/kg po Q12hr or Doxycycline: >8 yrs and > 45 kg: 100mg po BID >8 yrs and < 45 kg: 2.2 mg/kg po BID ≤8 yrs: 2.2 mg/kg po BID	60 days

* Ciprofloxacin dose should not exceed 1 gram per day in children.

** Post-exposure prophylaxis is indicated to prevent inhalational anthrax after a confirmed or suspected aerosol exposure. When no information is available about the antimicrobial susceptibility of the implicated strain of *B. anthracis*, initial therapy with ciprofloxacin or doxycycline is recommended for adults and children. Use of tetracyclines and flouroquinolones in children has adverse effects. The risks for these adverse effects must be weighed carefully against the risk for developing life-threatening disease. As soon as penicillin susceptibility of the organism has been confirmed, prophylactic therapy for children should be changed to oral amoxicillin 80 mg/kg of body mass/day, divided every eight hours (not to exceed 500 mg three times daily). *B. anthracis* is not susceptible to cephalosporins or to trimethoprim/sulfamethoxazole, and these agents should not be used for prophylaxis. CDC is assisting other states and local areas in assessing anthrax exposures. Additional information about anthrax and the public health response is available at <http://www.bt.cdc.gov>. This information was current as of 4pm, eastern daylight time, October 17, 2001.